PART B - FEE(S) TRANSMITTAL

RECEIVED CENTRAL FAX CENTER

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

ENITAL PAX CENTE

JAN 0 3 2006

					or <u>Fax</u>		B		
i i	NSTRUCTIONS: This for appropriate. All further con indicated unless corrected	rm should be respondence below or dire	used for tran- including the l cted otherwise	smitting the ISSU atent, advance or in Block 1, by (a	E FEE and PUE ders and notifica) specifying a ne	BLICATION FEE (if raction of maintenance fers w correspondence address	quired). Blocks 1 through 5 sh will be mailed to the current ss; and/or (b) indicating a sepa	nould be completed where correspondence address as rate "FEE ADDRESS" for	
1	CURRENT CORRESPONDENC	19					of mailing can only be used for his certificate cannot be used if anal paper, such as an assignme ate of mailing or transmission.		
	025537 7590 MCI, INC 1133 19TH STREET NW		11/28/2005			C	ate of mailing or transmission. Tertificate of Mailing or Trans. This Fee(s) Transmittal is being with sufficient postage for first ail Stop ISSUE FEE address. SPTO (571) 273-2885, on the design of the sufficient postage	mission	
	4TH FLOOR WASHINGTON, DC 20036		į			transmitted to the US	SPTO (571) 273-2885, on the d	above, or being mesimile ate indicated below.	
01/04/2006	TBESHAH2 00000187 132491		09611196			Eden	Stright.	(Depositor's name)	
01 FC:1501	1400.00 DA					Est 1.3		(Signature)	
F	APPLICATION NO.	FILING	DATE		FIRST NAMED IN	VENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
L					Denise E. St		ATL99003	5114	
ד	TITLE OF INVENTION: \$	YSTEMS AN	о метнолѕ	RELATING TO N	aultipurpose	CARDS			
[APPLN, TYPE	SMALL	ENTITY	ISSUE F	EE .	PUBLICATION FEE	TOTAL PEE(\$) DUE	DATE DUB	
	nonprovisional	1	10	\$1400		\$0	\$1400	02/28/2006	
	EXAMINER		ART UNI			CIASS-SUBCLASS			
_	TAYLOR, BARRY W 1. Change of correspondence address or i		2643			379-144010 on the patent front pages		·	
_	CFR 1.363). Change of correspondence address Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee PTO/SB/47; Rev 03-02 or more recen Number is required. ASSIGNEE NAME AND RESIDENCE PLEASE NOTE: Unless an assignee content of CFR 1.3 CFR 3.1 CFR		ddress" Indica) attached. Use E DATA TO B	tion form of a Customer E PRINTED ON T	or agents OR. (2) the name of registered and 2 registered printered printered, no name of the PATENT (pr) the names of up to 3 registered putent attorneys agents OR, alternatively.) the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is said, no name will be printed. PATENT (print or type) PATENT (print on type)			
	(A) NAME OF ASSIGNEE		(B) RESIDENCE: (CITY and STATE OR : COUNTRY)						
	MCI, Inc.		Ashburn, VA						
-			gary or categories (will not be printed on the patent): 🔲 Individual 📳 Corporation or other private group entity 🛄 Government						
4	b. The following fee(s) are enclosed: Lissue Fee		4b. Payment of Fec(s):						
Dublication Fee (No small enti			liscount permitted) Payment by credit card. Form PTO-2038 is attached.						
	Advance Order - # of Copies		The Director is bereby authorized by charge the required feets), or credit any overpayment, to Deposit Account Number 13-2191 (enclose an extra copy of this form).					credit any overpayment, to ppy of this form).	
		Y SIAILS. See 37 CFR 1.27. Ub. Applicant is no longer claiming St ALL ENTITY status. Sec 37 CFR 1.27(g)(2).							
T N	The Director of the USPTO is requested to NOTE: The Issue Fee and Publication Featurest as shown by the records of the UD		b apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in tited States Patent and Trademark Office.						
	Authorized Signature		Date 1/3/06						
_	Typed or printed name	U. 1. Stright Registration No. 51,20 >							
	Alexandida, virgana 22313-1430.		by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) at by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and to the USPTO. Time will vary depending upon the individual case. An / comments on the amount of time you require to complete this burden, should be sent to the Chief Information officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 50. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, 1995, no persons are required to respond to a collection of information unless; it displays a valid OMB control number.						
<u>u</u>	Inder the Paperwork Reduc	tion Act of 19	95, no persons	are required to res	spond to a collecti	on of information unles	it displays a valid OMB control	number.	
ŗ	TOL-85 (Rev. 07/05) App	roved for use	through 04/30/	2007.	OMB 0651-0	033 U.S. Patent and I	rademark Office; U.S. DEPART	IMENT OF COMMERCE	

Docket No.: ATL99003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Smith et al.

Confirmation No.:

5114

RECEIVED

Serial No.:

09/611,196

Art Unit:

2643

CENTRAL FAX CENTER

Filed: July 6, 2000

Examiner:

B. Taylor

JAN 0 3 2006

Title:

Systems and Methods Relating to Multipurpose Cards

ISSUE FEE PAYMENT

TRANSMISSION CERTIFICATE UNDER 37 C.F.R. §1.8(a)

I hereby certify that the correspondence cited hereon is being sent via facsimile Centra ized Facsimile Number (571 273.8300) on

Mail Stop ISSUE FEE Commissioner for Patents PO Box 1450 Alexandria, VA 22\$13-1450

Dear Sir:

In response to the Notice of Allowance mailed November 28, 2005, enclosed are the following:

1.

Issue Fee Transmittal; and

2.

Certificate of Transmission.

Please charge any shortage in the fees due in connection with the filing of this paper, including extension of time fdes or publication fees, to Deposit Account No. 13-24-91 and please credit any excess fees to such deposit account.

Respectfully submitted,

MCI, Inc.

1133 19th Street, NW

Washington, DC 20036 Phone: 202 736-6008

Fax: 202-736-6382

Registration No. 51,205

BEST AVAILABLE COPY